

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR/CDL		08-10-01
O.I.P.E. CLASSIFIER	WGSW		8/17/01
FORMALITY REVIEW	MA JPP	830 1027	109-04401 12/18/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final 12	5/12
Original 16	21
03	6
03	8
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓ 0
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
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36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓ V

Claim	Date
Final 12	5/12
Original 16	21
03	6
03	8
51	✓
52	✓
53	✓ 0 0
54	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here